Platt (W. B.)

A THREE MONTHS' SURGICAL SERVICE

—AT—

BAY VIEW HOSPITAL,

BALTIMORE, MD.

W. B. PLATT, F. R. C. S. (ENG.)

[Reprint from the TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.]

presented by author

BALTIMORE:
PRESS OF THOMAS & EVANS,
Baltimore Street and Post Office Ave.,
1885.

Reprinted from THE TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND, 1885.]

THREE MONTHS' SURGICAL SERVICE AT BAY VIEW HOSPITAL.

W. B. PLATT, F. R. C. S. (Eng.)

Bay View Hospital has seen a great change for the better in the first year that the patients have had systematic medical and surgical care. This is due in great part to the visiting medical staff who have directed the attention of the Trustees and Superintendent to matters of hygienic and medical importance, with the usual result of an immediate improvement.

The Trustees and Superintendent deserve great credit for the desire they have shown to improve the condition of the patients as soon as the way was pointed out.

The resident physician Dr. W. J. Jones, also deserves all praise for his faithful care and good management of the patients.

The hospital is much cleaner than ever before. The walls and floors are regularly scrubbed. The ordinary food is of good quality and quantity. The building is well heated, and the beds in general reasonably clean and comfortable. There are however still some urgent needs, which we hope may before long, be remedied. These are—

1st. The great necessity of good nursing.

2nd. Prohibition of smoking and chewing in the wards where sick patients are confined to bed.

3rd. The abolition of the "pool" and substitution of separate baths.

4th. Some accessible and suitable place for patients suffering with erysipelas, scarlatina, diphtheria, etc. The cold and distant "pest-house" is altogether unfit.

5th. The total isolation, in separate wards, of patients suffering from active forms of syphilis. A set of knives, forks, spoons, and towels, should be provided, different from those used by other patients.

It is a great wrong to expose innocent persons, however unfortunate, to the risk of contracting this fearful diease.

Of the need of better nursing there can be no question. At present the so-called nurses are all paupers, many of whom cannot read or write, wrecks of humanity, heartless and filthy, with two or three exceptions, who deserve more credit than they get. Few people realize that the entire Almshouse has had over 1,000 inmates for some time during the past year, and over 200 in the hospital. These are human beings, sick or helpless, and should have proper care.

The negroes are the the greatest sufferers from this state of things. With them it is almost impossible to have the simplest treatment carried out; meanwhile they lie in filth and wretchedness. An annual appropriation of $2,000 by the city and county or 2½ cents per annum for each voter in Baltimore city, would remedy all this. It would maintain a training school with a matron and a corps of skilled nurses, who, with the assistance of the inmates, could provide all necessary attention for the sick.

The pool is a tank in which all patients entering Bay View must bathe unless especially exempted by the resident physician.

The water is changed for reasons of economy but three times daily. Many of those applying for admittance have large ulcers, or are in full bloom with syphilis. Consequently a number of people must bathe in the water used by diseased persons. If separate tubs were provided, the same amount of hot water would suffice, and the tubs could be scrubbed after each bath, by some of the many idle inmates.

The whole number of surgical cases under my care from January 1st to April 1st was 50. 47 females and 3 boys. Of the 50 there were

Whites,	36
Colored,	14
	50

Of these, 22 were born in Maryland; 11 not stated; 8 born in Ireland; 4 in Germany; 2 in Pennsylvania; 2 in other places; 1 in England.

Of these 17 were persons affected with syphilis, or 36 per cent., of 47 females. The diagnoses were as follows, viz:

Chronic Ulcers,	13
Sinuses from Caries or Necrosis,	3
Primary Syphilis,	1
Syphilitic Buboes	3
Secondary Syphilis,	9
Tertiary Syphilis,	4
Chancroidal Buboes,	1
Chancroid,	1

and one each of Femoral Hernia, Abdominal Cyst, Anterior Staphyloma, Universal Eczema, Fracture of Humerus, Cortical Cataract (senile), Syphilitic Cataract, Wound of Face, Gangrene from Frostbite, Procidentia Uteri, Pediculi Pubis, Elephantiasis Clitoridis, Fracture of Spine, Fissure of Anus, Diphtheria.

[Two of the cases of syphilis are also reckoned among the ulcers.]

Regarding the treatment of chronic ulcers, a word or two will suffice. 13 chronic ulcers were treated. Of these there were 6 simple chronic ulcers. 2 Syphilitic. 2 Traumatic. 1 Bubo. 1 Eczematous. 1 Lupous.—Total, 13.

All patients with chronic ulcers were kept in bed as far as possible. Rubber bandages were not used on account of the expense. The large granulating surface after a burn did better with ung. zinc oxid. benz., than with any other treatment. The eczematous ulcers healed rapidly under the diachylon ointment of Hebra after entire failure of every other treatment.

The lupus ulcer did well after excision.

Of the remaining ten ulcers, the treatment was as follows:

All excavated ulcers, syphilitic or otherwise, were poulticed until the granulations were on a level with the surrounding skin, when iodoform and strapping were employed. The remainder, with two exceptions, did better with iodoform and strapping than with other treatment. The so called "clay treatment" was faithfully tried in two cases. In one case, it answered admirably up to a certain time, when it excited great local irritation and had to be omitted. The ulcer healed very rapidly under its influence for some days. I attribute its beneficial effect to the following causes:

1st. It gives the granulating surface rest, as the part need be but seldom dressed.

2d. The ulcer remains clean, since the discharge is absorbed as fast as formed.

3d. Continuous pressure.

Syphilitic patients were put upon antisyphilitic treatment. In two cases among negroes iodoform used locally, caused an acute dermatitis. The operations for which anæsthesia was necessary, were:

1st. Enucleation of the eye.

2nd. Amputation of an elephantiasis clitoridis.

3rd. Amputation of toes for gangrene from frost-bite.

4th. Emmet's operation for procidentia uteri.

5th. Stretching of anus for fissure.

6th. Excision of lupus of the skin over the patella.

7th. Tracheotomy for diphtheria.

A short summary of these cases may be of interest, and one or two will be given in detail.

Case 1st, Enucleation of eye.

The patient was a female, aet., about 28, single, colored. There was no history or evidence of syphilis—duration of disease of eyes, five years. There was an anteria staphyloma of the right eye, of which the cornea was mostly opaque. It is transparent only in a small place above. In the left eye the vision is entirely gone. Cornea opaque, (it is in fact a mass of cicatricial tissue) globe somewhat shrunken and tension less than normal.

The patient has been suffering with much pain for two months in the left side of the head in the region of the temple, orbit and eye.

The pain has been mitigated only by morphia. To relieve pain, and also to preserve the sight in the remaining eye, it was determined to remove the left eye. This was done in the usual way, by dividing the conjunctiva of the globe in a circle near the cornea, cutting the muscles of the globe close to their insertions, and lastly, dividing the optic nerve close to the globe. When this was done, instead of leaving the conjunctival wound open, the sides were brought together, with three fine sutures over the stump of the optic nerve. The wound united well, leaving an excellent base for an artificial eye. The pain was entirely relieved.

The case of lupus of the skin, over the patella, occurred in a female, (S. R.,) white, married, aet. about forty. There is a history of rheumatism in the right knee, elbow and shoulder. No history or evidence of syphilis. The right elbow cannot be fully extended. The patient is very anæmic. Five months ago a swelling formed in the tissues over the right patella and front of knee joint.

The swelling soon ulcerated. It occasionally gives pain. In the region mentioned the skin and tissues just beneath are raised, thickened, bluish, and slightly harder than the neighboring skin. The entire surface measures $4\frac{3}{4}$ by $3\frac{1}{2}$ inches. The surface of this area is covered with ulcerations $\frac{3}{4}$ of an inch in diameter and less. These secrete pus and readily scab over. Anti-syphilitic remedies have been tried without avail. I placed the leg on a back-splint and applied ung. ox. zinc. benz. The ulcers improved at once to a limited extent. Then iodoform in powder was given a fair trial with-

out much benefit. Iodoform ointment was used, and hypodermic injections of iodoform in glycerine were made into the swollen tissue. This last treatment did more toward healing the ulcers than anything heretofore employed. The ulcers which had healed, soon broke down again while the disease slowly spread in the periphery. After two months of this treatment the patient was etherized, the growth excised; and what could not be excised, was spooned out. The edges of the gaping wound were approximated, as far possible by silver wire supported by china buttons at the ends, and broad strips of adhesive plaster over all. At the end of my service, three weeks later, there was only a granulating surface, horse-shoe shaped, six inches long and less than an inch wide. This appears perfectly healthy, and is rapidly healing, excepting at one place, at the lower end, where some of the growth was evidently left behind, and will require removal. It is seldom practicable to remove a lupus completely in one operation.

The case of diphtheria in which tracheotomy was done occurred in a healthy male, white child, three years of age.

Mother and child were found wandering in the woods near Bay View during the coldest March weather. They were placed in the children's ward on the ground floor. Within 24 hours the child was slightly hoarse, at the evening visit, but nothing abnormal was visible in the pharynx or tonsil. The next morning there was much dyspnœa —occasional croupy cough, and large white adherent patches on the tonsils. Within four hours the dyspnœa was intense, the sternal region was drawn in at each inspiration, and the sterno-mastoid and scaleni muscles worked actively to assist in breathing. The trachea was opened in the usual manner just below the cricoid cartilage. The hemorrhage was very free, and the operation unusually difficult owing to the short fat neck of the child. As is usual the bleeding ceased soon after as the trachea was opened. This child at all times eagerly took food and stimulus, had a strong pulse, and no apparent constitutional depression until death from suffocation occurred the third day after the operation. The autopsy showed the trachea to be occluded at the bifurcation of the bronchi, the membrane had also formed around the tube, which had once been removed for the purpose of cleansing it and to see if it would be safe to omit it. There was also some purulent capillary bronchitis. The treatment consisted of milk, at frequent intervals, stimulants, tr. chloride of iron, and corrosive sublimate.

Spray from a steam atomizer was directed toward the child's face constantly.

The case is of interest from the fact that although there were patches of membrane on the tonsils, there was no constitutional depression. It was a localized diphtheria, or a croup with patches on the tonsils, as one chooses to name it.

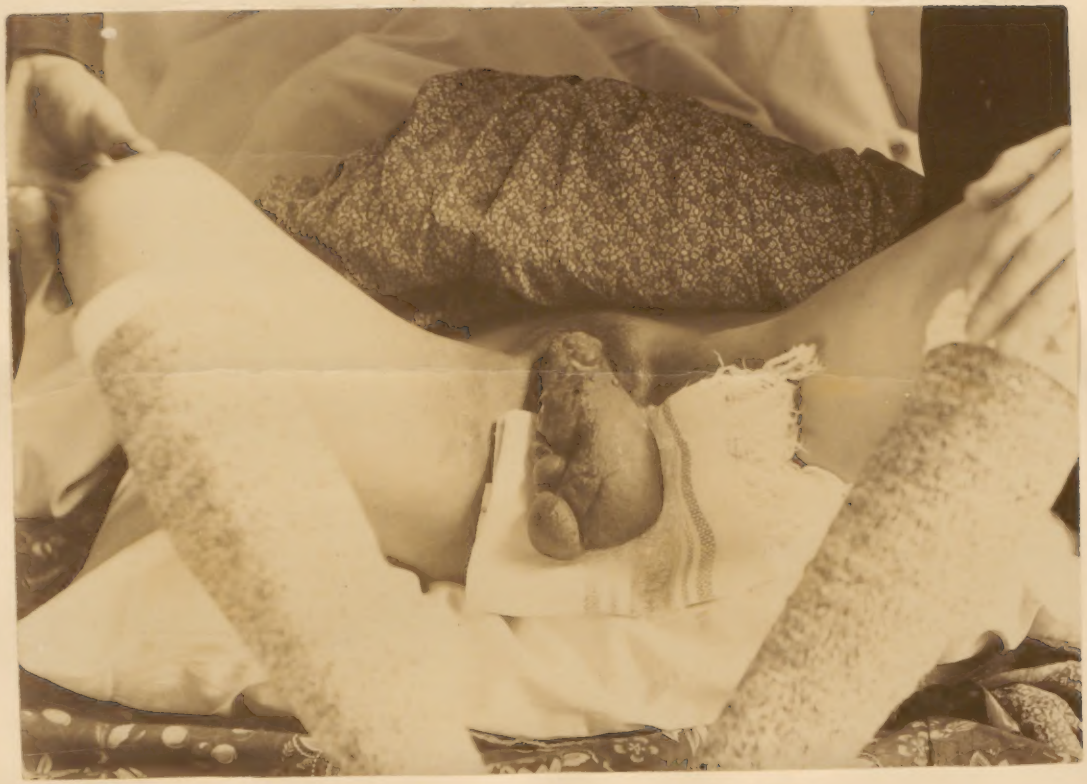
Hypertrophy of Clitoris—Amputation.

(With Photograph.)

L. F., single, bright mulatto, aet., 23, born and lived in Canada until 5 years since; occupation, servant. The only credible history the patient affords is that she lived rather a free life, and three years ago first noticed something abnormal in the region of the clitoris, which has continued to grow until it attained its present dimensions. It now hangs down, completely concealing the vulva from view, interferes with urination, and causes a dragging sensation in the small of the back. It cannot be raised parallel to the long axis of the body without causing pain. There is no history of any power of erection of this body, or of self-abuse.

Inspection shows an elongated tumor 5¾ inches long and 8 inches in circumference at its largest part. It hangs down in the median line from a base about 1¼ inches in diameter. It is two lobed, nodulated, and at the distal end a little on one side is the glans clitoridis, fully as large as the adult glans penis. The growth is covered by a thin skin, is of a pale bluish-slate color and firm in consistence. The labia, nymphæ and urethra are not involved. At the base of the growth, where it joins the body, is an area ¾ of an inch in diameter occupied by "cauliflower excrescences," which secrete a thin,milky fluid. There are abundant, large, flat, condylomata about the anus; enlarged glands in both groins, abundant cicatrices old and recent, on both sides of the neck; sores about the mouth; ptosis of right eyelid; a supra-trochlear gland to be felt, and other evidences of secondary syphilis; an iritis also appeared during her stay in the hospital. The patient was put upon bichloride of mercury, grs. 1-16, with 8 grains of potassium iodide thrice daily. Hot water vaginal injections and good diet were ordered. The patient was very anemic when she entered the hospital. The patient was considerably improved in general health a week later, when she was etherized (March. 9th) and the growth removed.

A ligature was passed through the tumor by which to hold it. The puncture bled freely. A lateral skin flap was dissected back



ELEPHANTIASIS CLITORIDIS.

DR. PLATT'S CASE.

from the left side of the growth, the incision on the right side being made close to the pubes. A wire ecraseur was then applied, and tightened until the soldering of the end of the wire gave way. A chain ecraseur also broke but was adjusted so as to last during the operation. The instrument was slowly worked and about twenty minutes occupied in dividing the pedicle.

There was very little hemorrhage from the stump; the bleeding from two points in the corpora cavernosa was stopped by a touch with the Paquelin cautery. The flap was now brought over the stump and a drainage tube, to the right side, and stitched in place with silver wire. Iodoform was dusted on and absorbent cotton applied under a T bandage. The growth is in the Johns Hopkins collection.

March 15th. There has been no fever or pain since the operation Drainage tube and stitches removed.

March 31st. The patient has gained in flesh and has a good color. At the site of operation is a small oval granulating spot ½ inch long Patient is practically well.

Such an hypertrophy as is here mentioned, is very unusual in this country.

Little is known of the causes of such a growth. It is however very frequently associated with syphilis.

Schroeder* speaks of it as very uncommon in Germany.

Emmet † mentions but one case. The common opinion that it is due to self-abuse or to sexual irritation is quite unfounded. Parent Duchatelet is quoted as stating that among 6,000 registered prostitutes in Paris he met with but three cases.

Dr. Ashwell has been struck with the integrity of the external genitals in prostitutes while the uterus and ovaries have been bound in all directions by false membrane.

The largest museum specimen of which I have accurate record is that belonging to the University of Rouen, which weighs eight pounds, and is fourteen inches in circumference.

The specimen exhibited before this Faculty by Dr. Wm. T. Howard of this city, ten years since, was exactly the size of the one removed by the writer.

Cases of this kind are often associated with hypertrophy of one or both labia majora or of the nymphæ. The most probable cause

*Schroeder, Krankh. d. Weibl. Geschlechtsorg.

†Emmet, Gynæcology.

I believe to be some long continued chronic inflammation in the immediate neighborhood of the clitoris, as a chancre compressing the veins and lymphatics going from the clitoris, while at the same time it causes increased arterial supply, by irritation of the nerves leading to the part.

The following references are made to the Army Medical Museum catalogue.

Bibliography of Hypertrophy of Clitoris.

L. Appia. Hyp. d. clit. guer. par. etrangl. en. 24 years T. de Med. Chir. et Pharmac. Brux. 1861, xxxiii, 149-155.

Archincloss (W.) Extirp. of ent. clit. and Nymph. Glos. M. T. 1858, ii, 165-167.

Bainbridge (W.) Case of enl. clit. Med. Times and Gazette, Lond. 1860, i, 45-50.

Baekel (V.) Elephantias, du Clitioris. amp. galv. caustic, Gaz. Med de Strasb. 1875 3. S., iv, 133-137.

Buck (W. P.) Hyp. of clit. Phot. Rev. Med. and Surg. Phila. 1871-2, ii, 22, 1 pl.

Baumstead (F. J.) Hyper. clit. fibro cell. outgrowth. Ibid 1870-71, i, 11, 1 Pl.

Canton. Hypertroph. clit. and areal. tissue, etc., 3 years' growth; removal. Lancet, Lond., 1856, ii, 650.

Caradic (T.) Cas curieux de tumeur fibro-plastique d. clit. etc., Union Med. Par., 1861, 2, S, xii, 115-122.

Case Hypt. d. clit. etc., Med. Ztg, Russland St. Petersb. 1858, xv, 363.

Clemens (A.) Extirp. ein. Monst. Clit. Deutsch. Klinik, Berl. 1863, xv, 344.

Dawson (W. W.) Hyp. d. clit. Cincin. Lancet and Obs., 1868, xi, 95-97.

Hergott. De la degen. hypertroph. d. part. gen. est. ch. la femme. Mem. Soc. de Med. de Strasburg, 1872, ix, 177-187.

De l'Isère. (C.) Dis. of clit. case of excess. enlar. Proc. Am. Phil. Soc. Phila. 1844, iv, 129.

Jamieson. (A.) Enorm. hyp. clit., etc. Med. Rep. Shanghai, 1879-80. No. xix, 23.

Jones (S.) Spec. enlar. clit. Tr. Path. Soc. Lond. 1857-8, ix, 305,

Lewis (W. M.) Case of morbid enlarg. of clit. Med. and Phys. J. Lond. 1811, xxv, 236-238.

Marsden (A.) Case of elephan. of clit., etc., Lancet, Lond , 1857 ii, 196.

Maury (F. F.) Tumor of clit , Phil. M. Times, 1871, ii, 33.

Masi. Elephan. d. clit , Spallanz. Modena, 1874, xii, 79.

Pluchkel (F. S.) Monstros. Clit. Obst. Med. Woch. Wien, 1843. 703

Raumeshur Awasthee, Tumur of Clit. India J. M. & Phys. Soc. Calcutta, 1839, N. S., iv, 534.

Rheins. Wegnahme eines Monst. Clit. Gen. Ber. d. k. Rhein Med. Coll. 1838, Coblenz 1840, 136.

Ricken. Cas. d Augment etc., du Clitoris. J. de Med. et Chir. et Pharmacol. Brux. 1865. xii, 218-223.

Rogers. Elephantine devel. of Clit., Trans. Obst. Soc. Lond. 1869 xi, 84 86.

Satterup Hypt. Clit. Mitt. a. d. Geb. d. Heil. Leip. 1845 1-210.

Shaw Excess. Enlarg. of Clit. Tr. Path soc. London 1852-3, iv, 207-209, also Lancet, Lond. 1852, ii, 468.

Simmons (R) Case of Ext. enlarg. of Clit. Med. & Phys. Jour. Lond. 1801, v, 1-4.

Stamilaud (S.) Lond. 1849, ii, 89, Superab. devel. of Clit.

Tutum Elephan. of Clit. Lancet, Lond, 1859, ii, 662.

Verrier (E.) Elephan. d. Clit. Gazett. Obst. Par. 1879, viii, 369-375 Also, Ann. de. Gynæc. Par. 1879, xii, 275-278.

Vigorito (N.) Mem .....elephant.....Clitoris Rendic. Accad. Med. Chir. di. Napol.

Watts (R.) Removal of Clit. and left lab. maj. for hypertrophy. Arch. Clin. Surg. N. Y. 1876, i, 75.

Wimmer Polyp. d. Klit. Beit. z. Prac. Heil. Leip. 1836, iii, 166-168.

Wylie (W. G.) Syph. Hypert. of the Clit. Am. Journ. of Obstet. 1873-4, vi, 43-45.

Ziembicki Elephant. d. cap. d. Clit. Bull. Soc. Anat d. Par. 1873, xlviii, 343.